

Sec.		Sec.	
	(i) Access to State employment records.		(j) Limitations on use of funds for certain purposes.
	(j) Worker profiling.		(k) Preemption.
504.	Judicial review.	605.	Administrative provisions.
	(a) Finding by Secretary of Labor; petition for review; filing of record.		(a) Quarterly.
	(b) Findings of fact by Secretary of Labor; new or modified findings.		(b) Notification.
	(c) Affirmance or setting aside of Secretary's action; review by Supreme Court.		(c) Computation and certification of payments to States.
	(d) Stay of Secretary's action.	606.	(d) Payment method.
SUBCHAPTER IV—GRANTS TO STATES FOR AID AND SERVICES TO NEEDY FAMILIES WITH CHILDREN AND FOR CHILD-WELFARE SERVICES			Federal loans for State welfare programs.
PART A—BLOCK GRANTS TO STATES FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES			(a) Loan authority.
			(b) Rate of interest.
			(c) Use of loan.
			(d) Limitation on total amount of loans to State.
			(e) Limitation on total amount of outstanding loans.
			(f) Appropriation.
		607.	Mandatory work requirements.
601.	Purpose.		(a) Participation rate requirements.
	(a) In general.		(b) Calculation of participation rates.
	(b) No individual entitlement.		(c) Engaged in work.
602.	Eligible States; State plan.		(d) "Work activities" defined.
	(a) In general.		(e) Penalties against individuals.
	(b) Plan amendments.		(f) Nondisplacement in work activities.
	(c) Public availability of State plan summary.		(g) Sense of Congress.
603.	Grants to States.		(h) Sense of Congress that States should impose certain requirements on noncustodial, non-supporting minor parents.
	(a) Grants.		(i) Review of implementation of State work programs.
	(b) Contingency Fund.		Prohibitions; requirements.
603a.	Transferred.		(a) In general.
604.	Use of grants.		(b) Individual responsibility plans.
	(a) General rules.		(c) Sanctions against recipients not considered wage reductions.
	(b) Limitation on use of grant for administrative purposes.	608.	(d) Nondiscrimination provisions.
	(c) Authority to treat interstate immigrants under rules of former State.		(e) Special rules relating to treatment of certain aliens.
	(d) Authority to use portion of grant for other purposes.		(f) Special rules relating to treatment of non-213A aliens.
	(e) Authority to reserve certain amounts for assistance.		(g) State required to provide certain information.
	(f) Authority to operate employment placement program.	608a.	Fraud under means-tested welfare and public assistance programs.
	(g) Implementation of electronic benefit transfer system.		(a) In general.
	(h) Use of funds for individual development accounts.		(b) Welfare or public assistance programs for which Federal funds are appropriated.
	(i) Sanction welfare recipients for failing to ensure that minor dependent children attend school.	609.	Penalties.
	(j) Requirement for high school diploma or equivalent.		(a) In general.
	(k) Limitations on use of grant for matching under certain Federal transportation program.		(b) Reasonable cause exception.
604a.	Services provided by charitable, religious, or private organizations.		(c) Corrective compliance plan.
	(a) In general.		(d) Limitation on amount of penalties.
	(b) Religious organizations.	610.	Appeal of adverse decision.
	(c) Nondiscrimination against religious organizations.		(a) In general.
	(d) Religious character and freedom.		(b) Administrative review.
	(e) Rights of beneficiaries of assistance.	611.	(c) Judicial review of adverse decision.
	(f) Employment practices.		Data collection and reporting.
	(g) Nondiscrimination against beneficiaries.		(a) Quarterly reports by States.
	(h) Fiscal accountability.	611a.	(b) Annual reports to Congress by Secretary.
	(i) Compliance.	612.	State required to provide certain information.
			Direct funding and administration by Indian tribes.

Sec.		Sec.	
	(a) Grants for Indian tribes.		(c) Prohibited payments; exceptions.
	(b) 3-year tribal family assistance plan.		(d) Minimum State expenditures.
	(c) Minimum work participation requirements and time limits.	624.	Reallotment.
	(d) Emergency assistance.		(a) In general.
	(e) Accountability.		(b) Exception relating to foster child protections.
	(f) Eligibility for Federal loans.	625.	Definitions.
	(g) Penalties.	626.	Research, training, or demonstration projects.
	(h) Data collection and reporting.		(a) Authorization of appropriations.
	(i) Special rule for Indian tribes in Alaska.		(b) Appropriations for demonstration projects for development of alternate care arrangements for infants not requiring hospitalization.
613.	Research, evaluations, and national studies.		(c) Payments; advances or reimbursements; installments; conditions.
	(a) Research.		
	(b) Development and evaluation of innovative approaches to reducing welfare dependency and increasing child well-being.	627.	Repealed.
	(c) Dissemination of information.	628.	Payments to Indian tribal organizations.
	(d) Annual ranking of States and review of most and least successful work programs.		(a) Amounts.
	(e) Annual ranking of States and review of issues relating to out-of-wedlock births.	628a.	(b) Inclusion in State allotment.
	(f) State-initiated evaluations.	628b.	(c) "Indian tribe" and "tribal organization" defined.
	(g) Report on circumstances of certain children and families.		Child welfare traineeships.
	(h) Funding of studies and demonstrations.		National random sample study of child welfare.
	(i) Child poverty rates.		(a) In general.
	(j) Evaluation of welfare-to-work programs.		(b) Requirements.
			(c) Preferred contents.
			(d) Reports.
			(e) Appropriation.
			SUBPART 2—PROMOTING SAFE AND STABLE FAMILIES
614.	Study by Census Bureau.	629.	Purposes; limitations on authorizations of appropriations; reservation of certain amounts.
	(a) In general.		(a) Purposes; limitations on authorization of appropriations.
	(b) Appropriation.		(b) Description of amounts.
615.	Waivers.		(c) Inflation percentage.
	(a) Continuation of waivers.		(d) Reservation of certain amounts.
	(b) State option to terminate waiver.	629a.	Definitions.
	(c) Secretarial encouragement of current waivers.		(a) In general.
	(d) Continuation of individual waivers.	629b.	(b) Other terms.
616.	Administration.		State plans.
617.	Limitation on Federal authority.		(a) Plan requirements.
618.	Funding for child care.		(b) Approval of plans.
	(a) General child care entitlement.	629c.	Allotments to States.
	(b) Use of funds.		(a) Indian tribes.
	(c) Application of Child Care and Development Block Grant Act of 1990.		(b) Territories.
	(d) "State" defined.	629d.	(c) Other States.
619.	Definitions.		Payments to States.
			(a) Entitlement.
			(b) Prohibitions.
			(c) Direct payments to tribal organizations of Indian tribes.
	PART B—CHILD AND FAMILY SERVICES		
	SUBPART 1—CHILD WELFARE SERVICES	629e.	Evaluations.
620.	Authorization of appropriations.		(a) Evaluations.
621.	Allotments to States.		(b) Coordination of evaluations.
	(a) Allotment formula.		
	(b) Allotment percentage.		PART C—WORK INCENTIVE PROGRAM FOR RECIPIENTS OF AID UNDER STATE PLAN APPROVED UNDER PART A
	(c) Promulgation of allotment percentage.	630 to 645.	Repealed or Omitted.
	(d) "United States" defined.		
622.	State plans for child welfare services.		PART D—CHILD SUPPORT AND ESTABLISHMENT OF PATERNITY
	(a) Joint development.	651.	Authorization of appropriations.
	(b) Requisite features of State plans.	652.	Duties of Secretary.
623.	Payment to States.		(a) Establishment of separate organizational unit; duties.
	(a) Payment schedule.		(b) Certification of child support obligations to Secretary of the Treasury for collection.
	(b) Computation and method of payment.		

Sec.		Sec.	
	(c) Payment of child support collections to States.		(d) Information integrity and security.
	(d) Child support management information system.		(e) State case registry.
	(e) Technical assistance to States.		(f) Information comparisons and other disclosures of information.
	(f) Regulations.		(g) Collection and distribution of support payments.
	(g) Performance standards for State paternity establishment programs.		(h) Expedited administrative procedures.
	(h) Prompt State response to requests for child support assistance.	654b.	Collection and disbursement of support payments.
	(i) Prompt State distribution of amounts collected as child support.		(a) State disbursement unit.
	(j) Training of Federal and State staff, research and demonstration programs, and special projects of regional or national significance.	655.	(b) Required procedures.
	(k) Denial of passports for non-payment of child support.		(c) Timing of disbursements.
	(l) Facilitation of agreements between State agencies and financial institutions.		(d) "Business day" defined.
653.	Federal Parent Locator Service.		Payments to States.
	(a) Establishment; purpose.		(a) Amounts payable each quarter.
	(b) Disclosure of information to authorized persons.	655a.	(b) Estimate of amounts payable; installment payments.
	(c) "Authorized person" defined.		(c) Repealed.
	(d) Form and manner of request for information.	656.	(d) State reports.
	(e) Compliance with request; search of files and records by head of any department, etc., of United States; transmittal of information to Secretary; reimbursement for cost of search; fees.		(e) Special project grants for interstate enforcement; appropriations.
	(f) Arrangements and cooperation with State agencies.		(b) Direct Federal funding to Indian tribes and tribal organizations.
	(g) Reimbursement for reports by State agencies.		Provision for reimbursement of expenses.
	(h) Federal Case Registry of Child Support Orders.	656.	Support obligation as obligation to State; amount; discharge in bankruptcy.
	(i) National Directory of New Hires.		(a) Collection processes.
	(j) Information comparisons and other disclosures.	657.	(b) Nondischargeability.
	(k) Fees.		Distribution of collected support.
	(l) Restriction on disclosure and use.		(a) In general.
	(m) Information integrity and security.		(b) Continuation of assignments.
	(n) Federal Government reporting.		(c) Definitions.
	(o) Use of set-aside funds.		(d) Hold harmless provision.
	(p) "Support order" defined.		(e) Gap payments not subject to distribution under this section.
653a.	State Directory of New Hires.	658.	(f) Amounts collected for child for whom foster care maintenance payments are made.
	(a) Establishment.		Incentive payments to States.
	(b) Employer information.		(a) Purpose; requirement; quarterly payments.
	(c) Reporting format and method.		(b) Incentive formula.
	(d) Civil money penalties on non-complying employers.		(c) Increase in percentage; laboratory costs.
	(e) Entry of employer information.		(d) Support collected on behalf of individuals residing in another State.
	(f) Information comparisons.		(e) Estimates by Secretary; quarterly payments.
	(g) Transmission of information.	658a.	Incentive payments to States.
	(h) Other uses of new hire information.		(a) In general.
654.	State plan for child and spousal support.		(b) Amount of incentive payment.
654a.	Automated data processing.		(c) Treatment of interstate collections.
	(a) In general.		(d) Administrative provisions.
	(b) Program management.	659.	(e) Regulations.
	(c) Calculation of performance indicators.		(f) Reinvestment.
			Consent by United States to income withholding, garnishment, and similar proceedings for enforcement of child support and alimony obligations.
			(a) Consent to support enforcement.
			(b) Consent to requirements applicable to private person.
			(c) Designation of agent; response to notice or process.

Sec.		Sec.	
	(d) Priority of claims.		(c) Technical assistance to States; State to furnish Secretary with copies.
	(e) No requirement to vary pay cycles.	668.	Encouragement of States to adopt civil procedure for establishing paternity in contested cases.
	(f) Relief from liability.	669.	Collection and reporting of child support enforcement data.
	(g) Regulations.		(a) In general.
	(h) Moneys subject to process.		(b) Types of services.
	(i) Definitions.		(c) Types of service recipients.
659a.	International support enforcement.		(d) Rule of interpretation.
	(a) Authority for declarations.	669a.	Nonliability for financial institutions providing financial records to State child support enforcement agencies in child support cases.
	(b) Standards for foreign support enforcement procedures.		(a) In general.
	(c) Designation of United States Central Authority.		(b) Prohibition of disclosure of financial record obtained by State child support enforcement agency.
	(d) Effect on other laws.		(c) Civil damages for unauthorized disclosure.
660.	Civil action to enforce child support obligations; jurisdiction of district courts.		(d) Definitions.
661, 662.	Repealed.	669b.	Grants to States for access and visitation programs.
663.	Use of Federal Parent Locator Service in connection with enforcement or determination of child custody in cases of parental kidnapping of child.		(a) In general.
	(a) Agreements with States for use of Federal Parent Locator Service.		(b) Amount of grant.
	(b) Requests from authorized persons for information.		(c) Allotments to States.
	(c) Information which may be disclosed.		(d) No supplantation of State expenditures for similar activities.
	(d) "Custody or visitation determination" and "authorized person" defined.		(e) State administration.
	(e) Agreement on use of Federal Parent Locator Service with United States Central Authority under Convention on the Civil Aspects of International Child Abduction.	PART E—FEDERAL PAYMENTS FOR FOSTER CARE AND ADOPTION ASSISTANCE	
	(f) Agreement to assist in locating missing children under Federal Parent Locator Service.	670.	Congressional declaration of purpose; authorization of appropriations.
664.	Collection of past-due support from Federal tax refunds.	671.	State plan for foster care and adoption assistance.
	(a) Procedures applicable; distribution.		(a) Requisite features of State plan.
	(b) Regulations; contents, etc.		(b) Approval of plan by Secretary.
	(c) "Past-due support" defined.	672.	Foster care maintenance payments program.
665.	Allotments from pay for child and spousal support owed by members of uniformed services on active duty.		(a) Qualifying children.
	(a) Mandatory allotment; notice upon failure to make; amount of allotment; adjustment or discontinuance; consultation.		(b) Additional qualifications.
	(b) "Authorized person" defined.		(c) "Foster family home" and "child-care institution" defined.
	(c) Regulations.		(d) Children removed from their homes pursuant to voluntary placement agreements.
666.	Requirement of statutorily prescribed procedures to improve effectiveness of child support enforcement.		(e) Placements in best interest of child.
	(a) Types of procedures required.		(f) "Voluntary placement" and "voluntary placement agreement" defined.
	(b) Withholding from income of amounts payable as support.		(g) Revocation of voluntary placement agreement.
	(c) Expedited procedures.		(h) Aid for dependent children; assistance for minor children in needy families.
	(d) Exemption of States.	673.	Adoption assistance program.
	(e) "Overdue support" defined.		(a) Agreements with adoptive parents of children with special needs; State payments; qualifying children; amount of payments; changes in circumstances; placement period prior to adoption; non-recurring adoption expenses.
	(f) Uniform Interstate Family Support Act.		(b) Aid for dependent children; assistance for minor children in needy families.
	(g) Laws voiding fraudulent transfers.		(c) Children with special needs.
667.	State guidelines for child support awards.		
	(a) Establishment of guidelines; method.		
	(b) Availability of guidelines; rebuttable presumption.		

Sec. 673a. 673b.	Interstate compacts. Adoption incentive payments. (a) Grant authority. (b) Incentive-eligible State. (c) Data requirements. (d) Adoption incentive payment. (e) 2-year availability of incentive payments. (f) Limitations on use of incentive payments. (g) Definitions. (h) Limitations on authorization of appropriations. (i) Technical assistance. (j) Supplemental grants.	Sec. 703a. 704.	Omitted. Use of allotment funds. (a) Covered services. (b) Restrictions. (c) Use of portion of funds. (d) Limitation on use of funds for administrative costs.
674.	Payments to States. (a) Amounts. (b) Quarterly estimates of State's entitlement for next quarter; payments; United States' pro rata share of amounts recovered as overpayment; allowance, disallowance, or deferral of claim. (c) Automated data collection expenditures. (d) Reduction for violation of plan requirement.	704a. 704b. 705. 706.	Omitted. Nonavailability of allotments after close of fiscal year. Application for block grant funds. Administrative and fiscal accountability. (a) Annual reporting requirements; form, etc. (b) Audits; implementation, standards, etc. (c) Public inspection of reports and audits. (d) Access to books, records, etc.; creation of new records.
675.	Definitions.	707.	Criminal penalty for false statements.
676.	Administration. (a) Technical assistance to States. (b) Data collection and evaluation.	708.	Nondiscrimination provisions. (a) Federally funded activities. (b) Compliance. (c) Authority of Attorney General; civil actions.
677.	John H. Chafee Foster Care Independence Program. (a) Purpose. (b) Applications. (c) Allotments to States. (d) Use of funds. (e) Penalties. (f) Data collection and performance measurement. (g) Evaluations. (h) Limitations on authorization of appropriations.	709.	Administration of Federal and State programs.
		710.	Separate program for abstinence education. (a) In general. (b) Purpose of allotment. (c) Applicability of sections 703, 707, and 708. (d) Appropriations.
		711 to 731.	Omitted or Repealed.
			SUBCHAPTER VI—GRANTS TO STATES FOR SERVICES TO AGED, BLIND, OR DISABLED
		801 to 805.	Repealed.
			SUBCHAPTER VII—ADMINISTRATION
678.	Rule of construction.	901.	Social Security Administration.
679.	Collection of data relating to adoption and foster care. (a) Advisory Committee on Adoption and Foster Care Information. (b) Report to Congress; regulations. (c) Data collection system.	902.	Commissioner; Deputy Commissioner; other officers. (a) Commissioner of Social Security. (b) Deputy Commissioner of Social Security. (c) Chief Actuary. (d) Chief Financial Officer. (e) Inspector General.
679a.	National Adoption Information Clearinghouse.		
679b.	Annual report.	903.	Social Security Advisory Board. (a) Establishment of Board. (b) Functions of Board. (c) Structure and membership of Board. (d) Terms of appointment. (e) Chairman. (f) Expenses and per diem. (g) Meetings. (h) Federal Advisory Committee Act. (i) Personnel. (j) Authorization of appropriations.
	PART F—JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM		
681 to 687.	Repealed.		
	SUBCHAPTER V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT		
701.	Authorization of appropriations; purposes; definitions.		
702.	Allotment to States and Federal set-aside. (a) Special projects. (b) Excess funds; preference. (c) Allotments to States. (d) Re-allotment of unallotted funds.	904.	Administrative duties of Commissioner. (a) Personnel. (b) Budgetary matters. (c) Employment restriction. (d) Seal of office. (e) Data exchanges.
703.	Payments to States. (a) Statutory provisions applicable. (b) Unobligated allotments. (c) Reduction of payments; fair market value of supplies or equipment, value of salaries, travel expenses, etc.	905, 905a. 906.	Transferred. Training grants for public welfare personnel.

Sec.		Sec.	
	(a) Authorization of appropriations.		(b) Examination of fitness of prospective representative payee.
	(b) Allocation for carrying out direct grant programs.		(c) Requirement for maintaining lists of undesirable payees.
	(c) Payments to States for cost of grant programs to certain agencies and institutions.		(d) Persons ineligible to serve as representative payees.
	(d) Advance payments to States.		(e) Deferral of payment pending appointment of representative payee.
	(e) Reallotments.		(f) Hearing.
	(f) Direct grants to certain agencies and institutions.		(g) Notice requirements.
907.	Repealed.		(h) Accountability monitoring.
907a.	National Commission on Social Security.		(i) Restitution.
	(a) Establishment; membership; Chairman and Vice Chairman; quorum; terms of office; vacancies; per diem and expense reimbursement; meetings.	1008.	Overpayments and underpayments.
	(b) Continuing study, investigation, and review of social security program; scope of study, etc., and public participation.		(a) In general.
	(c) Special, annual, and final reports to President and Congress concerning implementation, etc., of study, investigation, and review responsibilities; termination of Commission.		(b) No effect on subchapter VIII eligibility or benefit amount.
	(d) Executive Director and additional personnel; appointment and compensation.		(c) Waiver of recovery of overpayment.
	(e) Administrative procedures.		(d) Limited immunity for disbursing officers.
	(f) Data and information from other Federal departments and agencies.	1009.	Hearings and review.
	(g) Administrative support services from General Services Administration; reimbursement.		(a) Hearings.
	(h) Authorization of appropriations.		(b) Judicial review.
908.	Omitted.	1010.	Other administrative provisions.
909.	Delivery of benefit checks.		(a) Regulations and administrative arrangements.
	(a) Saturdays, Sundays, and holidays.		(b) Payment of benefits.
	(b) Recovery of overpayments.		(c) Entitlement redeterminations.
	(c) Early delivery.		(d) Suspension and termination of benefits.
910.	Recommendations by Board of Trustees to remedy inadequate balances in Social Security trust funds.	1010a.	Optional Federal administration of State recognition payments.
	(a) Terms and conditions of recommendations.		(a) In general.
	(b) "Balance ratio" defined.		(b) Agreement terms.
911.	Budgetary treatment of trust fund operations.		(c) Special disposition of administration fees.
912.	Office of Rural Health Policy.	1011.	Penalties for fraud.
913.	Duties and authority of Secretary.		(a) In general.
			(b) Restitution by representative payee.
		1012.	Definitions.
		1013.	Appropriations.
			SUBCHAPTER IX—EMPLOYMENT SECURITY ADMINISTRATIVE FINANCING
		1101.	Employment Security Administration Account.
			(a) Establishment.
			(b) Amount credited to Account; transfer of funds; adjustments; repayment of internal revenue refunds.
			(c) Administrative expenditures; necessary expenses; quarterly transfer of funds; adjustments; limitation; estimate of net receipts.
			(d) Additional tax attributable to reduced credits; transfer of funds.
			(e) Revolving fund; appropriations; advances to Account; repayment; interest.
			(f) Determination of excess in Account; limitation on amount to be retained; use of balance in Account during certain fiscal years; net balance.
1001.	Basic entitlement to benefits.		
1002.	Qualified individuals.	1102.	Transfers between Federal Unemployment Account and Employment Security Administration Account.
1003.	Residence outside the United States.		(a) Determination of excess; amount transferred.
1004.	Disqualifications.		
	(a) In general.		
	(b) Requirement for Attorney General.		
1005.	Benefit amount.		
1006.	Applications and furnishing of information.		
	(a) In general.		
	(b) Verification requirement.		
1007.	Representative payees.		
	(a) In general.		

SUBCHAPTER VIII—SPECIAL BENEFITS FOR CERTAIN WORLD WAR II VETERANS

Sec.		Sec.	
	(b) Unemployment account ex-	1305.	Short title of chapter.
	cesses.	1306.	Disclosure of information in possession
1103.	(c) Report to Congress.		of Social Security Administration or
	Amounts transferred to State accounts.		Department of Health and Human
	(a) Determination and certification		Services.
	by Secretary of Labor.		(a) Disclosure prohibited; excep-
	(b) Transfer of funds where State is		tions.
	ineligible.		(b) Requests for information and
	(c) Use of funds.		services.
1104.	Unemployment Trust Fund.		(c) Cost reimbursement.
	(a) Establishment.		(d) Compliance with requests.
	(b) Investments.		(e) Public inspection.
	(c) Sale or redemption of obliga-	1306a.	(f) Opportunity for review.
	tions.		Public access to State disbursement
	(d) Treatment of interest and pro-	1306b.	records.
	ceeds.	1307.	State data exchanges.
	(e) Separate book accounts.	1308.	Penalty for fraud.
	(f) Payment to State agencies and		Additional grants to Puerto Rico, Virgin
	Railroad Retirement Board.		Islands, Guam, and American Samoa;
	(g) Federal unemployment ac-		limitation on total payments.
	count; establishment.		(a) Limitation on total payments
1105.	Extended Unemployment Compensation		to each territory.
	Account.		(b) Entitlement to matching grant.
	(a) Establishment.		(c) Definitions.
	(b) Transfers to account.		(d) Authority to transfer funds to
	(c) Transfers to State accounts.		certain programs.
	(d) Advances to account; repay-		(e) Repealed.
	ment.		(f) Total amount certified under
1106.	Unemployment compensation research		subchapter XIX.
	program.		(g) Medicaid payments to terri-
1107.	Personnel training.		tories for fiscal year 1998 and
	(a) Creation of program.	1309.	thereafter.
	(b) Repayment of costs.		Amounts disregarded not to be taken
	(c) Detail of Federal and State em-		into account in determining eligibility
	ployees.	1310.	of other individuals.
	(d) Authorization of appropri-		Cooperative research or demonstration
	ations.	1311.	projects.
1108.	Advisory Council on Unemployment		Public assistance payments to legal rep-
	Compensation.	1312.	resentatives.
	(a) Establishment.		Medical care guides and reports for pub-
	(b) Function.	1313.	lic assistance and medical assistance.
	(c) Members.		Assistance for United States citizens re-
	(d) Staff and other assistance.		turned from foreign countries.
	(e) Compensation.		(a) Authorization; reimbursement;
	(f) Report.		utilization of facilities of pub-
1109.	Federal Employees Compensation Ac-		lic or private agencies and or-
	count.		ganizations.
1110.	Borrowing between Federal accounts.		(b) Plans and arrangements for as-
	(a) In general.		sistance; consultations.
	(b) Treatment of advance.		(c) "Temporary assistance" de-
	(c) Repayment.		defined.
			(d) Maximum total amount of tem-
			porary assistance.
			(e) Authority of Secretary to ac-
			cept gifts.
	SUBCHAPTER X—GRANTS TO STATES FOR AID	1314.	Public advisory groups.
	TO BLIND		(a) Advisory Council on Public
1201.	Authorization of appropriations.		Welfare; appointment and
1202.	State plans for aid to blind.		functions of initial Council.
1202a.	Repealed.		(b) Membership and representation
1203.	Payment to States.		of interests on initial Council.
	(a) Authorization of payments.		(c) Technical and other assistance
	(b) Computation of amounts.		for initial Council; availabil-
1204.	Operation of State plans.		ity of data.
1205.	Omitted.		(d) Termination of initial Council's
1206.	"Aid to the blind" defined.		existence on submission of re-
			port.
	SUBCHAPTER XI—GENERAL PROVISIONS, PEER		(e) Succeeding Councils; appoint-
	REVIEW, AND ADMINISTRATIVE SIMPLIFICATION		ment; functions; membership;
			representation of interests;
	PART A—GENERAL PROVISIONS		assistance and data; termi-
			nation.
1301.	Definitions.		(f) Advisory committees; func-
1301-1, 1301a.	Omitted.		tions; reports by Secretary.
1302.	Rules and regulations; impact analyses		(g) Compensation and travel ex-
	of Medicare and Medicaid rules and		penses.
	regulations on small rural hospitals.		
1303.	Separability.		
1304.	Reservation of right to amend or repeal.		

Sec.		Sec.	
	(h) Exemption from conflict of interest laws of members of Council or advisory committees; exceptions.	(c) Manner of payment to States for carrying out agreement.	
	(i) Nonvoting members and experts.	(d) Determination of amount of exclusions from Federal payments.	
1314a.	Measurement and reporting of welfare receipt.	(e) Treatment of lease or comparable arrangement of any facility or equipment for a facility in determining amount of exclusions from Federal payments.	
	(a) Congressional policy.	(f) Reconsideration by Secretary of determinations.	
	(b) Development of welfare indicators and predictors.	(g) "Capital expenditure" defined.	
	(c) Advisory Board on Welfare Indicators.	(h) Applicability to Christian Science sanatoriums.	
	(d) Annual welfare indicators report.	(i) National advisory council; establishment or designation of existing council; functions; consultations with other appropriate national advisory councils; composition; compensation and travel expenses.	
	(e) Short title.	(j) Capital expenditure review exception for eligible organization health care facilities.	
1315.	Demonstration projects.		
	(a) Waiver of State plan requirements; costs regarded as State plan expenditures; availability of appropriations.	1320a-1a.	Transferred.
	(b) Child support enforcement programs.	1320a-2.	Effect of failure to carry out State plan.
	(c) Demonstration projects to test alternative definitions of unemployment.	1320a-2a.	Reviews of child and family services programs, and of foster care and adoption assistance programs, for conformity with State plan requirements.
	(e) Extensions of State-wide comprehensive demonstration projects for which waivers granted.		(a) In general.
	(f) Application for extension of waiver project; submission; approval.		(b) Elements of review system.
1316.	Administrative and judicial review of public assistance determinations.		(c) Provisions for administrative and judicial review.
	(a) Determination of conformity with requirements for approval; petition for reconsideration; hearing; time limitations; review by court of appeals.	1320a-3.	Disclosure of ownership and related information; procedure; definitions; scope of requirements.
	(b) Amendment of plans.	1320a-3a.	Disclosure requirements for other providers under part B of Medicare.
	(c) Restitution when Secretary reverses his determination.		(a) Disclosure required to receive payment.
	(d) Items covered under other subchapters; disallowance.		(b) Updates to information supplied.
1317.	Appointment of Administrator and Chief Actuary of Health Care Financing Administration.		(c) Verification.
		1320a-4.	(d) Definitions.
1318.	Alternative Federal payment with respect to public assistance expenditures.		Issuance of subpoenas by Comptroller General.
1319.	Federal participation in payments for repairs to home owned by recipient of aid or assistance.		(a) Authorization; scope; service and proof of service.
1320.	Approval of certain projects.		(b) Contumacy or refusal to obey subpoena; contempt proceedings.
1320a.	Uniform reporting systems for health services facilities and organizations.		(c) Nondisclosure of personal medical records by General Accounting Office.
	(a) Establishment; criteria for regulations; requirements for hospitals.	1320a-5.	Disclosure by institutions, organizations, and agencies of owners, officers, etc., convicted of offenses related to programs; notification requirements; "managing employee" defined.
	(b) Monitoring, etc., of systems by Secretary.		Adjustments in SSI benefits on account of retroactive benefits under subchapter II.
	(c) Availability of information to appropriate agencies and organizations.	1320a-6.	(a) Reduction in benefits.
1320a-1.	Limitation on use of Federal funds for capital expenditures.		(b) "Supplemental security income benefits" defined.
	(a) Use of reimbursement for planning activities for health services and facilities.		(c) Reimbursement of the State.
	(b) Agreement between Secretary and State for submission of proposed capital expenditures related to health care facilities and procedures for appeal from recommendations.	1320a-7.	Exclusion of certain individuals and entities from participation in Medicare and State health care programs.
			(a) Mandatory exclusion.
			(b) Permissive exclusion.
			(c) Notice, effective date, and period of exclusion.

Sec.		Sec.	
	(d) Notice to State agencies and exclusion under State health care programs.		(a) General purpose.
	(e) Notice to State licensing agencies.		(b) Reporting of information.
	(f) Notice, hearing, and judicial review.		(c) Disclosure and correction of information.
	(g) Application for termination of exclusion.		(d) Access to reported information.
	(h) "State health care program" defined.		(e) Protection from liability for reporting.
	(i) "Convicted" defined.	1320a-7f.	(f) Coordination with National Practitioner Data Bank.
	(j) Definition of immediate family member and member of household.	1320a-8.	(g) Definitions and special rules.
1320a-7a.	Civil monetary penalties.		Coordination of medicare and medicaid surety bond provisions.
	(a) Improperly filed claims.		Civil monetary penalties and assessments for subchapters II, VIII and XVI.
	(b) Payments to induce reduction or limitation of services.		(a) False statements or representations of material fact; proceedings to exclude.
	(c) Initiation of proceeding; authorization by Attorney General, notice, etc., estoppel, failure to comply with order or procedure.		(b) Initiation of proceedings; hearing; sanctions.
	(d) Amount or scope of penalty, assessment, or exclusion.		(c) Amount or scope of penalties, assessments, or exclusions.
	(e) Review by courts of appeals.		(d) Judicial review.
	(f) Compromise of penalties and assessments; recovery; use of funds recovered.		(e) Compromise of money penalties and assessments; recovery; use of funds recovered.
	(g) Finality of determination respecting penalty, assessment or exclusion.		(f) Finality of determination respecting penalty, assessment, or exclusion.
	(h) Notification of appropriate entities of finality of determination.		(g) Notification of appropriate entities of finality of determination.
	(i) Definitions.		(h) Injunction.
	(j) Subpoenas.		(i) Delegation of authority.
	(k) Injunctions.	1320a-8a.	(j) "State agency" defined.
	(l) Liability of principal for acts of agent.		(k) Liability of principal for acts of agents.
	(m) Claims within jurisdiction of other departments or agencies.		(l) Protection of ongoing criminal investigations.
	(n) Safe harbor for payment of medigap premiums.		Administrative procedure for imposing penalties for false or misleading statements.
1320a-7b.	Criminal penalties for acts involving Federal health care programs.		(a) In general.
	(a) Making or causing to be made false statements or representations.	1320a-9.	(b) Penalty.
	(b) Illegal remunerations.		(c) Duration of penalty.
	(c) False statements or representations with respect to condition or operation of institutions.		(d) Effect on other assistance.
	(d) Illegal patient admittance and retention practices.		(e) Definition.
	(e) Violation of assignment terms.	1320a-10.	(f) Consultations.
	(f) "Federal health care program" defined.	1320b-1.	Demonstration projects.
1320a-7c.	Fraud and abuse control program.		(a) Authority to approve demonstration projects.
	(a) Establishment of program.	1320b-2.	(b) Waiver authority.
	(b) Additional use of funds by Inspector General.		(c) Treatment as program expenditures.
	(c) "Health plan" defined.		(d) Duration of demonstration.
1320a-7d.	Guidance regarding application of health care fraud and abuse sanctions.	1320b-3.	(e) Application.
	(a) Solicitation and publication of modifications to existing safe harbors and new safe harbors.		(f) Evaluations; report.
	(b) Advisory opinions.		(g) Cost neutrality.
	(c) Special fraud alerts.		Effect of failure to carry out State plan.
1320a-7e.	Health care fraud and abuse data collection program.	1320b-4.	Repealed.
			Notification of Social Security claimant with respect to deferred vested benefits.
			Period within which certain claims must be filed.
			(a) Claims.
			(b) Waiver.
			Applicants or recipients under public assistance programs not to be required to make election respecting certain veterans' benefits.
			(a) Supplemental Security Income program.
			(b) Period of effectiveness.
			Nonprofit hospital or critical access hospital philanthropy.

Sec.		Sec.	
1320b-5.	Repealed.		(k) Donations accepted and deposited in Treasury in separate fund; expenditures; gift or bequest to or for use of United States.
1320b-6.	Exclusion of representatives and health care providers convicted of violations from participation in social security programs.		(l) Public surveys.
	(a) In general.	1320b-10.	Prohibition of misuse of symbols, emblems, or names in reference to Social Security or Medicare.
	(b) Notice, effective date, and period of exclusion.		(a) Prohibited acts.
	(c) Notice to State agencies.		(b) Civil penalties.
	(d) Notice to State licensing agencies.		(c) Application of other law; compromise, recovery, and deposit into Treasury of civil money penalties.
	(e) Notice, hearing, and judicial review.		(d) Enforcement.
	(f) Application for termination of exclusion.	1320b-11.	Blood Donor Locator Service.
	(g) Availability of records of excluded representatives and health care providers.		(a) In general.
	(h) Reporting requirement.		(b) Provision of address information.
	(i) Delegation of authority.		(c) Manner and form of requests.
	(j) Definitions.		(d) Procedures and safeguards.
1320b-7.	Income and eligibility verification system.		(e) Arrangements with State agencies and authorized persons.
	(a) Requirements of State eligibility systems.		(f) Procedures for administrative review.
	(b) Applicable programs.		(g) Unauthorized disclosure of information.
	(c) Protection of applicants from improper use of information.	1320b-12.	(h) Definitions.
	(d) Citizenship or immigration status requirements; documentation; verification by Immigration and Naturalization Service; denial of benefits; hearing.		Research on outcomes of health care services and procedures.
	(e) Erroneous State citizenship or immigration status determinations; penalties not required.		(a) Establishment of program.
	(f) Medical assistance to aliens for treatment of emergency conditions.		(b) Priorities.
1320b-8.	Hospital protocols for organ procurement and standards for organ procurement agencies.		(c) Methodologies and criteria for evaluations.
1320b-9.	National Commission on Children.		(d) Standards for data bases.
	(a) Establishment.		(e) Dissemination of research findings and guidelines.
	(b) Membership.		(f) Evaluations.
	(c) Duties and functions of Commission; public hearings in different geographical areas; broad spectrum of witnesses and testimony.	1320b-13.	(g) Research with respect to dissemination.
	(d) Interim and final report to President and Congress; recommendations.		(h) Omitted.
	(e) Time of appointment of members; vacancies; election of Chairman; quorum; calling of meetings; number of meetings; voting; compensation and expenses.	1320b-14.	(i) Authorization of appropriations.
	(f) Executive Director and additional personnel; appointment and compensation; consultants.		Social security account statements.
	(g) Time and place of hearings and nature of testimony authorized.		(a) Provision upon request.
	(h) Data and information from other agencies and departments.	1320b-15.	(b) Notice to eligible individuals.
	(i) Support services by General Services Administration.		(c) Mandatory provision of statements.
	(j) Authorization of appropriations.		Outreach efforts to increase awareness of the availability of medicare cost-sharing.
			(a) Outreach.
			(b) Coordination with States.
			Protection of social security and medicare trust funds.
			(a) In general.
			(b) "Public debt obligation" defined.
			(c) "Federal fund" defined.
		1320b-16.	Public disclosure of certain information on hospital financial interest and referral patterns.
		1320b-17.	Recovery of SSI overpayments from other benefits.
			(a) In general.
			(b) No effect on SSI eligibility or benefit amount.
		1320b-18.	Recovery of social security benefit overpayments from subchapter VIII benefits.
		1320b-19.	The Ticket to Work and Self-Sufficiency Program.
			(a) In general.
			(b) Ticket system.

Sec.		Sec.	
	(c) State participation.		(b) Review by physicians; physician's family defined.
	(d) Responsibilities of the Commissioner.		(c) Utilization of services of physicians to make final determinations of denial decisions with respect to professional conduct of other physicians.
	(e) Program managers.		(d) Review of ambulatory surgical procedures.
	(f) Employment networks.		(e) Review of hospital denial notices.
	(g) Individual work plans.		(f) Identification of methods for identifying cases of substandard care.
	(h) Employment network payment systems.	1320c-4.	Right to hearing and judicial review.
	(i) Suspension of disability reviews.	1320c-5.	Obligations of health care practitioners and providers of health care services; sanctions and penalties; hearings and review.
	(j) Authorizations.		(a) Assurances regarding services and items ordered or provided by practitioner or provider.
	(k) Definitions.		(b) Sanctions and penalties; hearings and review.
	(l) Regulations.		(c) Enlistment of support of other organizations to assure practitioner's or provider's compliance with obligations.
1320b-20.	Work incentives outreach program.		
	(a) Establishment.	1320c-6.	Limitation on liability.
	(b) Conditions.		(a) Providers of information to organizations having a contract with Secretary.
	(c) Definitions.		(b) Employees and fiduciaries of organizations having contracts with Secretary.
	(d) Authorization of appropriations.		(c) Physicians and providers.
1320b-21.	State grants for work incentives assistance to disabled beneficiaries.		(d) Reimbursement by Secretary for expenses incurred in defense of legal proceedings.
	(a) In general.	1320c-7.	Application of this part to certain State programs receiving Federal financial assistance.
	(b) Services provided.		(a) State plan provision that functions of peer review organizations may be performed by contract with such organization.
	(c) Application.		(b) Federal share of expenditures.
	(d) Amount of payments.		Authorization for use of certain funds to administer provisions of this part.
	(e) Annual report.		Prohibition against disclosure of information.
	(f) Funding.		(a) Freedom of Information Act inapplicable; exceptions to non-disclosure.
	(g) Definitions.		(b) Disclosure of information permitted.
	(h) Authorization of appropriations.		(c) Penalties.
1320b-22.	Grants to develop and establish State infrastructures to support working individuals with disabilities.		(d) Subpoena and discovery proceedings regarding patient records.
	(a) Establishment.		(e) Organizations with contracts.
	(b) Grants for infrastructure and outreach.	1320c-8.	Annual reports.
	(c) Availability of funds.	1320c-9.	Exemptions for religious nonmedical health care institutions.
	(d) Annual report.		Medical officers in American Samoa, Northern Mariana Islands, and Trust Territory of Pacific Islands to be included in utilization and quality control peer review program.
	(e) Appropriation.		
	(f) Recommendation.		
1320b-23.	Repealed.	1320c-10.	Repealed.
	PART B—PEER REVIEW OF UTILIZATION AND QUALITY OF HEALTH CARE SERVICES		
1320c.	Purpose.		
1320c-1.	“Utilization and quality control peer review organization” defined.		
1320c-2.	Contracts with utilization and quality control peer review organizations.		
	(a) Establishment and consolidation of geographic areas.	1320c-11.	Definitions.
	(b) Organizations entitled to contract with Secretary.	1320c-12.	General requirements for adoption of standards.
	(c) Terms of contract.		
	(d) Review prior to termination of contract; modification and termination; reviewing panel.		
	(e) Authority of Secretary.		
	(f) Termination not subject to judicial review.		
	(g) Timely provision of hospital data to peer review organizations.		
	(h) Publication of new policy or procedure and general criteria and standards for evaluation; performance comparison report.		
	(i) Preference in contracting with in-State organizations.		
1320c-3.	Functions of peer review organizations.		
	(a) Review of professional activities; determination of payment; determination of review authority; consultation with professional health care practitioners; standards of health care; other duties.		

Sec.		Sec.	
	(a) Applicability.	1381a.	Basic entitlement to benefits.
	(b) Reduction of costs.		PART A—DETERMINATION OF BENEFITS
	(c) Role of standard setting organizations.	1382.	Eligibility for benefits.
	(d) Implementation specifications.		(a) "Eligible individual" defined.
	(e) Protection of trade secrets.		(b) Amount of benefits.
	(f) Assistance to Secretary.		(c) Period for determination of benefits.
	(g) Application to modifications of standards.		(d) Limitation on amount of gross income earned; "gross income" defined.
1320d-2.	Standards for information transactions and data elements.		(e) Limitation on eligibility of certain individuals.
	(a) Standards to enable electronic exchange.		(f) Individuals outside United States; determination of status.
	(b) Unique health identifiers.		(g) Individuals deemed to meet resources test.
	(c) Code sets.		(h) Individuals deemed to meet income test.
	(d) Security standards for health information.		(i) Application and review requirements for certain individuals.
	(e) Electronic signature.	1382a.	Income; earned and unearned income defined; exclusions from income.
1320d-3.	Timetables for adoption of standards.		Resources.
	(a) Initial standards.	1382b.	(a) Exclusions from resources.
	(b) Additions and modifications to standards.		(b) Disposition of resources; grounds for exemption from disposition requirements.
1320d-4.	Requirements.		(c) Disposal of resources for less than fair market value.
	(a) Conduct of transactions by plans.		(d) Funds set aside for burial expenses.
	(b) Compliance with standards.		(e) Trusts.
1320d-5.	General penalty for failure to comply with requirements and standards.	1382c.	Definitions.
	(a) General penalty.	1382d.	Rehabilitation services for blind and disabled individuals.
	(b) Limitations.		(a) Referral by Commissioner of eligible individuals to appropriate State agency.
1320d-6.	Wrongful disclosure of individually identifiable health information.		(b), (c) Repealed.
	(a) Offense.		(d) Reimbursement by Commissioner to State agency of costs of providing services to referred individuals.
	(b) Penalties.		(e) Reimbursement for vocational rehabilitation services furnished during certain months of nonpayment of insurance benefits.
1320d-7.	Effect on State law.	1382e.	Supplementary assistance by State or subdivision to needy individuals.
	(a) General effect.		(a) Exclusion of cash payments in determination of income of individuals for purposes of eligibility for benefits; agreement by Commissioner and State for Commissioner to make supplementary payments on behalf of State or subdivision.
	(b) Public health.		(b) Agreement between Commissioner and State; contents.
	(c) State regulatory reporting.		(c) Residence requirement by State or subdivision for supplementary payments; disregarding amounts of certain income by State or subdivision in determining eligibility for supplementary payments.
1320d-8.	Processing payment transactions by financial institutions.		(d) Payment to Commissioner by State of amount equal to expenditures by Commissioner as supplementary payments; time and manner of payment by State; fees for Federal administration of State supplementary payments.
SUBCHAPTER XII—ADVANCES TO STATE UNEMPLOYMENT FUNDS			
1321.	Eligibility requirements for transfer of funds; reimbursement by State; application; certification; limitation.		
1322.	Repayment by State; certification; transfer; interest on loan; credit of interest on loan.		
	(a) Repayment by State; certification; transfer.		
	(b) Interest on loan.		
	(c) Credit of interest on loan.		
1323.	Repayable advances to Federal Unemployment Account.		
1324.	"Governor" defined.		
SUBCHAPTER XIII—RECONVERSION UNEMPLOYMENT BENEFITS FOR SEAMEN			
1331 to 1336.	Repealed.		
SUBCHAPTER XIV—GRANTS TO STATES FOR AID TO PERMANENTLY AND TOTALLY DISABLED			
1351.	Authorization of appropriations.		
1352.	State plans for aid to permanently and totally disabled.		
1353.	Payments to States.		
1354.	Operation of State plans.		
1355.	Definitions.		
SUBCHAPTER XV—UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES			
1361 to 1371.	Repealed.		
SUBCHAPTER XVI—SUPPLEMENTAL SECURITY INCOME FOR AGED, BLIND, AND DISABLED			
1381.	Statement of purpose; authorization of appropriations.		

Sec.		Sec.		
	(e) State standards; establishment; annual public review; annual certification; payments to individuals.	(c) Hearing to determine eligibility or amount of benefits; subsequent application; time within which to request hearing; time for determinations of Commissioner pursuant to hearing; judicial review.		
1382f.	Cost-of-living adjustments in benefits.	(d) Procedures applicable; prohibition on assignment of payments; representation of claimants; maximum fees; penalties for violations.		
	(a) Increase of dollar amounts.	(e) Administrative requirements prescribed by Commissioner; criteria; reduction of benefits to individual for noncompliance with requirements; payment to homeless.		
	(b) Publication in Federal Register of new dollar amounts.	(f) Furnishing of information by Federal agencies.		
	(c) Additional increases.	(g) Reimbursement to States for interim assistance payments.		
1382g.	Payments to State for operation of supplementation program.	(h) Payment of certain travel expenses.		
	(a) Eligibility; agreement with Commissioner.	(i) Unnegotiated checks; notice to Commissioner; payment to States; notice to States; investigation of payees.		
	(b) Levels of supplementary payments.	(j) Application and review requirements for certain individuals.		
	(c) Election to apply subsection (a)(4).	(k) Notifications to applicants and recipients.		
	(d) Determinations respecting any portion of period July 1, 1980, through June 30, 1981.	(l) Special notice to blind individuals with respect to hearings and other official actions.		
	(e) Meeting subsection (a)(4) requirements for any month after March 1983.	(m) Pre-release procedures for institutionalized persons.		
	(f) Passthrough relating to optional State supplementation.	(n) Concurrent SSI and food stamp applications by institutionalized individuals.		
	(g) Mandatory pass-through of increased personal needs allowance.	(o) Notice requirements.		
1382h.	Benefits for individuals who perform substantial gainful activity despite severe medical impairment.	(p) Reinstatement of eligibility on the basis of blindness or disability.		
	(a) Eligible individuals.	1383a.	Fraudulent acts; penalties; restitution.	
	(b) Blind or disabled individuals receiving supplemental security income benefits.	1383b.	Administration.	
	(c) Continuing disability or blindness reviews; limitation.		(a) Authority of Commissioner.	
	(d) Information and training programs.		(b) Examination to determine blindness.	
1382i.	Medical and social services for certain handicapped persons.		(c) Notification of review.	
	(a) Authorization of appropriations for pilot program.		(d) Regulations regarding completion of plans for achieving self-support.	
	(b) State allotments.	1383c.	Eligibility for medical assistance of aged, blind, or disabled individuals under State's medical assistance plan.	
	(c) Requisite features of State plans.		(a) Determination by Commissioner pursuant to agreement between Commissioner and State; costs.	
	(d) Payments to States; computation of payments.		(b) Preservation of benefit status for certain disabled widows and widowers.	
	(e) Rules and regulations.		(c) Loss of benefits upon entitlement to child's insurance benefits based on disability.	
	(f) Reports.		(d) Retention of medicaid when SSI benefits are lost upon entitlement to early widow's or widower's insurance benefits.	
1382j.	Attribution of sponsor's income and resources to aliens.		1383d.	Outreach program for children.
	(a) Attribution as unearned income.			(a) Establishment.
	(b) Determination of amount and resources.			(b) Requirements.
	(c) Support and maintenance.	1383e.	Treatment referrals for individuals with alcoholism or drug addiction condition.	
	(d) Information and documentation; agreements with Secretary of State and Attorney General.			
	(e) Joint and several liability of alien and sponsor for overpayments.			
	(f) Exemptions.			
1382k.	Repealed.			
PART B—PROCEDURAL AND GENERAL PROVISIONS				
1383.	Procedure for payment of benefits.			
	(a) Time, manner, form, and duration of payments; representative payees; promulgation of regulations.	1383d.		
	(b) Overpayments and underpayments; adjustment, recovery, or payment of amounts by Commissioner.	1383e.		

Sec. 1383f.	Annual report on program. (a) In general. (b) Views of individual members of Social Security Advisory Board.	Sec.	(a) Establishment. (b) Duties. (c) Membership. (d) Director and staff; experts and consultants. (e) Powers. (f) Authorization of appropriations.
1384, 1385.	Omitted.	1395b-7.	Explanation of medicare benefits. (a) In general. (b) Request for itemized statement for medicare items and services.
SUBCHAPTER XVII—GRANTS FOR PLANNING COMPREHENSIVE ACTION TO COMBAT MENTAL RETARDATION		PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED	
1391.	Authorization of appropriations.	1395c.	Description of program.
1392.	Availability of funds during certain fiscal years; limitation on amount; utilization of grant.	1395d.	Scope of benefits. (a) Entitlement to payment for inpatient hospital services, post-hospital extended care services, home health services, and hospice care. (b) Services not covered. (c) Inpatients of psychiatric hospitals. (d) Hospice care; election; waiver of rights; revocation; change of election. (e) Services taken into account. (f) Coverage of extended care services without regard to three-day prior hospitalization requirement. (g) "Spell of illness" defined.
1393.	Applications; single State agency designation; essential planning services; plans for expenditure; final activities report and other necessary reports; records; accounting.	1395e.	Deductibles and coinsurance. (a) Inpatient hospital services; outpatient hospital diagnostic services; blood; post-hospital extended care services. (b) Inpatient hospital deductible; application.
1394.	Payments to States; adjustments; advances or reimbursement; installments; conditions.	1395f.	Conditions of and limitations on payment for services. (a) Requirement of requests and certifications. (b) Amount paid to provider of services. (c) No payments to Federal providers of services. (d) Payments for emergency hospital services. (e) Payment for inpatient hospital services prior to notification of noneligibility. (f) Payment for certain inpatient hospital services furnished outside United States. (g) Payments to physicians for services rendered in teaching hospitals. (h) Payment for specified hospital services provided in Department of Veterans Affairs hospitals; amount of payment. (i) Payment for hospice care. (j) Elimination of lesser-of-cost-or-charges provision. (k) Payments to home health agencies for durable medical equipment. (l) Payment for inpatient critical access hospital services.
SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED		1395g.	Payments to providers of services. (a) Determination of amount.
1395.	Prohibition against any Federal interference.		
1395a.	Free choice by patient guaranteed. (a) Basic freedom of choice. (b) Use of private contracts by medicare beneficiaries.		
1395b.	Option to individuals to obtain other health insurance protection.		
1395b-1.	Incentives for economy while maintaining or improving quality in provision of health services. (a) Grants and contracts to develop and engage in experiments and demonstration projects. (b) Waiver of certain payment or reimbursement requirements; advice and recommendations of specialists preceding experiments and demonstration projects.		
1395b-2.	Notice of medicare benefits; medicare and medigap information. (a) Notice of medicare benefits. (b) Medicare and medigap information. (c) Contents of notice.		
1395b-3.	Health insurance advisory service for medicare beneficiaries. (a) In general. (b) Outreach elements. (c) Assistance provided. (d) Educational material. (e) Notice to beneficiaries. (f) Report.		
1395b-4.	Health insurance information, counseling, and assistance grants. (a) Grants. (b) Grant applications. (c) Special grants. (d) Criteria for issuing grants. (e) Annual State report. (f) Report to Congress. (g) Authorization of appropriations for grants.		
1395b-5.	Beneficiary incentive programs. (a) Repealed. (b) Program to collect information on fraud and abuse. (c) Program to collect information on program efficiency.		
1395b-6.	Medicare Payment Advisory Commission.		

Sec.		Sec.	
	(b) Conditions.	1395i-1.	Authorization of appropriations.
	(c) Payments under assignment or power of attorney.	1395i-1a.	Repealed.
	(d) Accrual of interest on balance of excess or deficit not paid.	1395i-2.	Hospital insurance benefits for uninsured elderly individuals not otherwise eligible.
	(e) Periodic interim payments.		(a) Individuals eligible to enroll.
1395h.	Use of public or private agencies or organizations to facilitate payment to providers of services.		(b) Time, manner, and form of enrollment.
	(a) Authorization for agreement by Secretary for implementation; scope of agreement.		(c) Period of enrollment; scope of coverage.
	(b) Prerequisites for agreement or renewal of agreement by Secretary.		(d) Monthly premiums.
	(c) Terms and conditions of agreements; prompt payment of claims.		(e) Contract or other arrangement for payment of monthly premiums.
	(d) Nomination of agency or organization; withdrawal.		(f) Deposit of amounts into Treasury.
	(e) Assignment or reassignment of provider of services; designation of agency or organization to perform provider services and home health agency functions.	1395i-2a.	Hospital insurance benefits for disabled individuals who have exhausted other entitlement.
	(f) Development of standards, criteria, and procedures by Secretary for evaluation of agency or organization performance.		(a) Eligibility.
	(g) Termination of agreement; procedures applicable.	1395i-3.	Requirements for, and assuring quality of care in, skilled nursing facilities.
	(h) Bonding requirement under agreement for officers and employees of agency or organization.		(a) "Skilled nursing facility" defined.
	(i) Liability of certifying and disbursing officers designated under agreement for negligent, etc., payments.		(b) Requirements relating to provision of services.
	(j) Denial of claim; notification and reconsideration.		(c) Requirements relating to residents' rights.
	(k) Annual reporting requirement on erroneous payment recovery.		(d) Requirements relating to administration and other matters.
	(l) No authority for activities carried out under Medicare Integrity Program.		(e) State requirements relating to skilled nursing facility requirements.
1395i.	Federal Hospital Insurance Trust Fund.	1395i-4.	Medicare rural hospital flexibility program.
	(a) Creation; deposits; transfers from Treasury.		(a) Establishment.
	(b) Board of Trustees; composition; meetings; duties.		(b) Application.
	(c) Investment of Trust Fund by Managing Trustee.		(c) Medicare rural hospital flexibility program described.
	(d) Authority of Managing Trustee to sell obligations.		(d) "Rural health network" defined.
	(e) Interest on and proceeds from sale or redemption of obligations.		(e) Certification by Secretary.
	(f) Payment of estimated taxes.		(f) Permitting maintenance of swing beds.
	(g) Transfers from other Funds.		(g) Grants.
	(h) Payments from Trust Fund amounts certified by Secretary.		(h) Grandfathering of certain facilities.
	(i) Payment of travel expenses for travel within United States; reconsideration interviews and proceedings before administrative law judges.	1395i-5.	Conditions for coverage of religious non-medical health care institutional services.
	(j) Loans from other Funds; interest; repayment; report to Congress.		(a) In general.
	(k) Health Care Fraud and Abuse Control Account.		(b) Election.
			(c) Monitoring and safeguard against excessive expenditures.
			(d) Sunset.
			(e) Annual report.

Sec.		Sec.	
	PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED		
1395j.	Establishment of supplementary medical insurance program for aged and disabled.		(k) Payment for outpatient therapy services and comprehensive outpatient rehabilitation services.
1395k.	Scope of benefits; definitions.		(l) Establishment of fee schedule for ambulance services.
	(a) Scope of benefits.		(m) Payment for telehealth services.
	(b) Definitions.	1395n.	Procedure for payment of claims of providers of services.
1395l.	Payment of benefits.		(a) Conditions for payment for services described in section 1395k(a)(2) of this title.
	(a) Amounts.		(b) Conditions for payment for services described in section 1395x(s) of this title.
	(b) Deductible provision.		(c) Collection of charges from individuals for services specified in section 1395x(s) of this title.
	(c) Mental disorders.		(d) Payment to Federal provider of services or other Federal agencies prohibited.
	(d) Nonduplication of payments.		(e) Payment to fund designated by medical staff or faculty of medical school.
	(e) Information for determination of amounts due.	1395o.	Eligible individuals.
	(f) Maximum rate of payment per visit for independent rural health clinics.	1395p.	Enrollment periods.
	(g) Physical therapy services.		(a) Generally; regulations.
	(h) Fee schedules for clinical diagnostic laboratory tests; percentage of prevailing charge level; nominal fee for samples; adjustments; recipients of payments; negotiated payment rate.		(b) Repealed.
	(i) Outpatient surgery.		(c) Initial general enrollment period; eligible individuals before March 1, 1966.
	(j) Accrual of interest on balance of excess or deficit not paid.		(d) Eligible individuals on or after March 1, 1966.
	(k) Hepatitis B vaccine.		(e) General enrollment period.
	(l) Fee schedule for services of certified registered nurse anesthetists.		(f) Individuals deemed enrolled in medical insurance program.
	(m) Incentive payments for physicians' services furnished in underserved areas.		(g) Commencement of enrollment period.
	(n) Payments to hospital outpatient departments for radiology; amount; definitions.		(h) Waiver of enrollment period requirements where individual's rights were prejudiced by administrative error or inaction.
	(o) Limitation on benefit for payment for therapeutic shoes for individuals with severe diabetic foot disease.		(i) Special enrollment periods.
	(p) Repealed.		(j) Special rules for individuals with ALS.
	(q) Requests for payment to include information on referring physician.	1395q.	Coverage period.
	(r) Cap on prevailing charge; billing on assignment-related basis.		(a) Commencement.
	(s) Other prepaid organizations.		(b) Continuation.
	(t) Prospective payment system for hospital outpatient department services.		(c) Termination.
1395m.	Special payment rules for particular items and services.		(d) Payment of expenses incurred during coverage period.
	(a) Payment for durable medical equipment.		(e) Commencement of coverage for special enrollment periods.
	(b) Fee schedules for radiologist services.	1395r.	Amount of premiums for individuals enrolled under this part.
	(c) Payments and standards for screening mammography.		(a) Determination of monthly actuarial rates and premiums.
	(d) Frequency limits and payment for colorectal cancer screening tests.		(b) Increase in monthly premium.
	(e) Repealed.		(c) Premiums rounded to nearest multiple of ten cents.
	(f) Reduction in payments for physician pathology services during 1991.		(d) "Continuous period of eligibility" defined.
	(g) Payment for outpatient critical access hospital services.		(e) State payment of part B late enrollment premium increases.
	(h) Payment for prosthetic devices and orthotics and prosthetics.		(f) Limitation on increase in monthly premium.
	(i) Payment for surgical dressings.		(g) Exclusions from estimate of benefits and administrative costs.
	(j) Requirements for suppliers of medical equipment and supplies.	1395s.	Payment of premiums.
			(a) Deductions from section 402 or 423 monthly benefits.

Sec.		Sec.	
	<ul style="list-style-type: none"> (b) Deductions from railroad retirement annuities or pensions. (c) Portion of monthly premium in excess of deducted amount. (d) Deductions from civil service retirement annuities. (e) Manner and time of payment prescribed by Secretary. (f) Deposit of amounts in Treasury. (g) Premium payability period. (h) Exempted monthly benefits. (i) Adjustments for individuals enrolled in Medicare+Choice plans. 		<ul style="list-style-type: none"> (m) Disclosure of information of unassigned claims for certain physicians' services. (n) Elimination of markup for certain purchased services. (o) Reimbursement for drugs and biologicals. (p) Requiring submission of diagnostic information. (q) Anesthesia services; counting actual time units. (r) Establishment of physician identification system. (s) Application of fee schedule. (t) Facility provider number required on claims.
1395t.	Federal Supplementary Medical Insurance Trust Fund. <ul style="list-style-type: none"> (a) Creation; deposits; fund transfers. (b) Board of Trustees; composition; meetings; duties. (c) Investment of Trust Fund by Managing Trustee. (d) Authority of Managing Trustee to sell obligations. (e) Interest on or proceeds from sale or redemption of obligations. (f) Transfers to other Funds. (g) Payments from Trust Fund of amounts provided for by this part or with respect to administrative expenses. (h) Payments from Trust Fund of costs incurred by Director of Office of Personnel Management. (i) Payments from Trust Fund of costs incurred by Railroad Retirement Board. 	1395v.	Agreements with States. <ul style="list-style-type: none"> (a) Duty of Secretary; enrollment of eligible individuals. (b) Coverage of groups to which applicable. (c) Eligible individuals. (d) Monthly premiums; coverage periods. (e) Subsection (d)(3) terminations deemed resulting in section 1395p enrollment. (f) "Carrier" as including State agency; provisions facilitating deductions, coinsurance, etc., and leading to economy and efficiency of operation. (g) Subsection (b) exclusions from coverage groups. (h) Modifications respecting subsection (b) coverage groups. (i) Enrollment of qualified medicare beneficiaries.
1395t-1, 1395t-2. Repealed.		1395w.	Appropriations to cover Government contributions and contingency reserve. <ul style="list-style-type: none"> (a) In general. (b) Contingency reserve. (c) Election under section 1395w-24.
1395u.	Use of carriers for administration of benefits. <ul style="list-style-type: none"> (a) Authority of Secretary to enter into contracts with carriers. (b) Applicability of competitive bidding provisions; findings as to financial responsibility, etc., of carrier; contractual duties imposed by contract. (c) Advances of funds to carrier; prompt payment of claims. (d) Surety bonds. (e) Liability of certifying or disbursing officers or carriers. (f) "Carrier" defined. (g) Authority of Railroad Retirement Board to enter into contracts with carriers. (h) Participating physician or supplier; agreement with Secretary; publication of directories; availability; inclusion of program in explanation of benefits; payment of claims on assignment-related basis. (i) Definitions. (j) Monitoring of charges of nonparticipating physicians; sanctions; restitution. (k) Sanctions for billing for services of assistant at cataract operations. (l) Prohibition of unassigned billing of services determined to be medically unnecessary by carrier. 	1395w-1. 1395w-2.	Repealed.
		1395w-3.	Intermediate sanctions for providers or suppliers of clinical diagnostic laboratory tests.
			Demonstration projects for competitive acquisition of items and services. <ul style="list-style-type: none"> (a) Establishment of demonstration project bidding areas. (b) Awarding of contracts in areas. (c) Expansion of projects. (d) Services described. (e) Termination.
		1395w-4.	Payment for physicians' services. <ul style="list-style-type: none"> (a) Payment based on fee schedule. (b) Establishment of fee schedules. (c) Determination of relative values for physicians' services. (d) Conversion factors. (e) Geographic adjustment factors. (f) Sustainable growth rate. (g) Limitation on beneficiary liability. (h) Sending information to physicians. (i) Miscellaneous provisions. (j) Definitions.
		PART C—MEDICARE+CHOICE PROGRAM	
		1395w-21.	Eligibility, election, and enrollment. <ul style="list-style-type: none"> (a) Choice of medicare benefits through Medicare+Choice plans.

Sec.		Sec.	
	(b) Special rules.		(d) "Provider-sponsored organization" defined.
	(c) Process for exercising choice.		Establishment of standards.
	(d) Providing information to promote informed choice.	1395w-26.	(a) Establishment of solvency standards for provider-sponsored organizations.
	(e) Coverage election periods.		(b) Establishment of other standards.
	(f) Effectiveness of elections and changes of elections.		Contracts with Medicare+Choice organizations.
	(g) Guaranteed issue and renewal.	1395w-27.	(a) In general.
	(h) Approval of marketing material and application forms.		(b) Minimum enrollment requirements.
1395w-22.	(i) Effect of election of Medicare+Choice plan option.		(c) Contract period and effectiveness.
	Benefits and beneficiary protections.		(d) Protections against fraud and beneficiary protections.
	(a) Basic benefits.		(e) Additional contract terms.
	(b) Antidiscrimination.		(f) Prompt payment by Medicare+Choice organization.
	(c) Disclosure requirements.		(g) Intermediate sanctions.
	(d) Access to services.		(h) Procedures for termination.
	(e) Quality assurance program.		(i) Medicare+Choice program compatibility with employer or union group health plans.
	(f) Grievance mechanism.		Definitions; miscellaneous provisions.
	(g) Coverage determinations, reconsiderations, and appeals.	1395w-28.	(a) Definitions relating to Medicare+Choice organizations.
	(h) Confidentiality and accuracy of enrollee records.		(b) Definitions relating to Medicare+Choice plans.
	(i) Information on advance directives.		(c) Other references to other terms.
	(j) Rules regarding provider participation.		(d) Coordinated acute and long-term care benefits under Medicare+Choice plan.
	(k) Treatment of services furnished by certain providers.		(e) Restriction on enrollment for certain Medicare+Choice plans.
	(l) Return to home skilled nursing facilities for covered post-hospital extended care services.		
1395w-23.	Payments to Medicare+Choice organizations.		PART D—MISCELLANEOUS PROVISIONS
	(a) Payments to organizations.		Definitions.
	(b) Annual announcement of payment rates.	1395x.	(a) Spell of illness.
	(c) Calculation of annual Medicare+Choice capitation rates.		(b) Inpatient hospital services.
	(d) "Medicare+Choice payment area" defined.		(c) Inpatient psychiatric hospital services.
	(e) Special rules for individuals electing MSA plans.		(d) Repealed.
	(f) Payments from Trust Fund.		(e) Hospital.
	(g) Special rule for certain inpatient hospital stays.		(f) Psychiatric hospital.
	(h) Special rule for hospice care.		(g) Outpatient occupational therapy services.
	(i) New entry bonus.		(h) Extended care services.
1395w-24.	Premiums.		(i) Post-hospital extended care services.
	(a) Submission of proposed premiums and related information.		(j) Skilled nursing facility.
	(b) Monthly premium charged.		(k) Utilization review.
	(c) Uniform premium.		(l) Agreements for transfer between skilled nursing facilities and hospitals.
	(d) Terms and conditions of imposing premiums.		(m) Home health services.
	(e) Limitation on enrollee liability.		(n) Durable medical equipment.
	(f) Requirement for additional benefits.		(o) Home health agency.
	(g) Prohibition of State imposition of premium taxes.		(p) Outpatient physical therapy services.
	(h) Permitting use of segments of service areas.		(q) Physicians' services.
1395w-25.	Organizational and financial requirements for Medicare+Choice organizations; provider-sponsored organizations.		(r) Physician.
	(a) Organized and licensed under State law.		(s) Medical and other health services.
	(b) Assumption of full financial risk.		(t) Drugs and biologicals.
	(c) Certification of provision against risk of insolvency for unlicensed PSOs.		(u) Provider of services.
			(v) Reasonable costs.
			(w) Arrangements for certain services; payments pursuant to arrangements for utilization review activities.

Sec.		Sec.	
	(x) State and United States.		(a) Use of State agencies to determine compliance by providers of services with conditions of participation.
	(y) Extended care in religious non-medical health care institutions.		(b) Payment in advance or by way of reimbursement to State for performance of functions of subsection (a).
	(z) Institutional planning.		(c) Use of State or local agencies to survey hospitals.
	(aa) Rural health clinic services and Federally qualified health center services.		(d) Fulfillment of requirements by States.
	(bb) Services of a certified registered nurse anesthetist.		(e) Prohibition of user fees for survey and certification.
	(cc) Comprehensive outpatient rehabilitation facility services.	1395bb.	Effect of accreditation.
	(dd) Hospice care; hospice program; definitions; certification; waiver by Secretary.		(a) In general.
	(ee) Discharge planning process.		(b) Accreditation by American Osteopathic Association or other national accreditation body.
	(ff) Partial hospitalization services.		(c) Disclosure of accreditation survey.
	(gg) Certified nurse-midwife services.		(d) Deficiencies.
	(hh) Clinical social worker; clinical social worker services.		(e) State or local accreditation.
	(ii) Qualified psychologist services.	1395cc.	Agreements with providers of services.
	(jj) Screening mammography.		(a) Filing of agreements; eligibility for payment; charges with respect to items and services.
	(kk) Covered osteoporosis drug.		(b) Termination or nonrenewal of agreements.
	(ll) Speech-language pathology services; audiology services.		(c) Refiling after termination or nonrenewal; agreements with skilled nursing facilities.
	(mm) Critical access hospital; critical access hospital services.		(d) Decision to withhold payment for failure to review long-stay cases.
	(nn) Screening pap smear; screening pelvic exam.		(e) "Provider of services" defined.
	(oo) Prostate cancer screening tests.		(f) Maintenance of written policies and procedures.
	(pp) Colorectal cancer screening tests.		(g) Penalties for improper billing.
	(qq) Diabetes outpatient self-management training services.		(h) Dissatisfaction with determination of Secretary; appeal by institutions or agencies; single notice and hearing.
	(rr) Bone mass measurement.		(i) Intermediate sanctions for psychiatric hospitals.
	(ss) Religious nonmedical health care institution.	1395cc-1.	Demonstration of application of physician volume increases to group practices.
	(tt) Post-institutional home health services; home health spell of illness.		(a) Demonstration program authorized.
	(uu) Screening for glaucoma.		(b) Eligibility criteria.
	(vv) Medical nutrition therapy services; registered dietitian or nutrition professional.		(c) Patients within scope of demonstration.
1395y.	Exclusions from coverage and medicare as secondary payer.		(d) Incentives.
	(a) Items or services specifically excluded.	1395cc-2.	Provisions for administration of demonstration program.
	(b) Medicare as secondary payer.		(a) General administrative authority.
	(c) Drug products.		(b) Contracts for program administration.
	(d) Repealed.		(c) Rules applicable to both program agreements and program administration contracts.
	(e) Item or service by excluded individual or entity or at direction of excluded physician; limitation of liability of beneficiaries with respect to services furnished by excluded individuals and entities.		(d) Limitations on judicial review.
	(f) Utilization guidelines for provision of home health services.		(e) Application limited to parts A and B.
	(g) Contracts with utilization and quality control peer review organizations.		(f) Reports to Congress.
	(h) Repealed.	1395dd.	Examination and treatment for emergency medical conditions and women in labor.
	(i) Awards and contracts for original research and experimentation of new and existing medical procedures; conditions.		(a) Medical screening requirement.
1395z.	Consultation with State agencies and other organizations to develop conditions of participation for providers of services.		(b) Necessary stabilizing treatment for emergency medical conditions and labor.
1395aa.	Agreements with States.		

Sec.		Sec.	
	(c) Restricting transfers until individual stabilized.		(b) Definitions; requirements.
	(d) Enforcement.		(c) Enrollment in plan; duties of organization to enrollees.
	(e) Definitions.		(d) Right to enroll with contracting organization in geographic area.
	(f) Preemption.		(e) Limitation on charges; election of coverage; "adjusted community rate" defined; workmen's compensation and insurance benefits.
	(g) Nondiscrimination.		(f) Membership requirements.
	(h) No delay in examination or treatment.		(g) Risk-sharing contract.
	(i) Whistleblower protections.		(h) Reasonable cost reimbursement contract; requirements.
1395ee.	Practicing Physicians Advisory Council.		(i) Duration, termination, effective date, and terms of contract; powers and duties of Secretary.
	(a) Appointment.		(j) Payment in full and limitation on actual charges; physicians, providers of services, or renal dialysis facilities not under contract with organization.
	(b) Meetings.		(k) Risk-sharing contracts.
	(c) Reimbursement of expenses.	1395nn.	Limitation on certain physician referrals.
1395ff.	Determinations; appeals.		(a) Prohibition of certain referrals.
	(a) Initial determinations.		(b) General exceptions to both ownership and compensation arrangement prohibitions.
	(b) Appeal rights.		(c) General exception related only to ownership or investment prohibition for ownership in publicly-traded securities and mutual funds.
	(c) Conduct of reconsiderations by independent contractors.		(d) Additional exceptions related only to ownership or investment prohibition.
	(d) Deadlines for hearings by the Secretary.		(e) Exceptions relating to other compensation arrangements.
	(e) Administrative provisions.		(f) Reporting requirements.
	(f) Review of coverage determinations.		(g) Sanctions.
1395gg.	Overpayment on behalf of individuals and settlement of claims for benefits on behalf of deceased individuals.	1395oo.	Provider Reimbursement Review Board.
	(a) Payments to providers of services or other person regarded as payment to individuals.		(a) Establishment.
	(b) Incorrect payments on behalf of individuals; payment adjustment.		(b) Appeals by groups.
	(c) Exception to subsection (b) payment adjustment.		(c) Right to counsel; rules of evidence.
	(d) Liability of certifying or disbursing officer for failure to recoup.		(d) Decisions of Board.
	(e) Settlement of claims for benefits under this subchapter on behalf of deceased individuals.		(e) Rules and regulations.
	(f) Settlement of claims for section 1395k benefits on behalf of deceased individuals.		(f) Finality of decision; judicial review; determinations of Board authority; jurisdiction; venue; interest on amount in controversy.
	(g) Refund of premiums for deceased individuals.		(g) Certain findings not reviewable.
1395hh.	Regulations.		(h) Composition and compensation.
	(a) Authority to prescribe regulations; ineffectiveness of substantive rules not promulgated by regulation.		(i) Technical and clerical assistance.
	(b) Notice of proposed regulations; public comment.		(j) "Provider of services" defined.
	(c) Publication of certain rules; public inspection; changes in data collection and retrieval.	1395pp.	Limitation on liability where claims are disallowed.
1395ii.	Application of certain provisions of subchapter II.		(a) Conditions prerequisite to payment for items and services notwithstanding determination of disallowance.
1395jj.	Designation of organization or publication by name.		(b) Knowledge of person or provider that payment could not be made; indemnification of individual.
1395kk.	Administration of insurance programs.		(c) Knowledge of both provider and individual to whom items or services were furnished that payment could not be made.
	(a) Functions of Secretary; performance directly or by contract.		
	(b) Contracts to secure special data, actuarial information, etc.		
	(c) Oaths and affirmations.		
1395ll.	Studies and recommendations.		
	(a) Health care of the aged and disabled.		
	(b) Operation and administration of insurance programs.		
1395mm.	Payments to health maintenance organizations and competitive medical plans.		
	(a) Rates and adjustments.		

Sec.		Sec.	
	<ul style="list-style-type: none"> (d) Exercise of rights. (e) Payment where beneficiary not at fault. (f) Presumption with respect to coverage denial; rebuttal; requirements; "fiscal intermediary" defined. (g) Coverage denial defined. (h) Supplier responsibility for items furnished on assignment basis. 		<ul style="list-style-type: none"> (f) Study and evaluation of comparative effectiveness of various State approaches to regulating medicare supplemental policies; report to Congress no later than January 1, 1982; periodic evaluations. (g) Definitions. (h) Rules and regulations. (i) Commencement of certification program. (j) State regulation of policies issued in other States. (k) Amended NAIC Model Regulation or Federal model standards applicable; effective date; medicare supplemental policy and State regulatory program meeting applicable standards. (l) Transitional compliance with NAIC Model Transition Regulation; "qualifying medicare supplemental policy" and "NAIC Model Transition Regulation" defined. (m) Revision of amended NAIC Model Regulation and amended Federal model standards; effective dates; medicare supplemental policy and State regulatory program meeting applicable standards. (n) Transition compliance with revision of NAIC Model Regulation and Federal model standards. (o) Requirements of group benefits; core group benefits; uniform outline of coverage. (p) Standards for group benefits. (q) Guaranteed renewal of policies; termination; suspension. (r) Required ratio of aggregate benefits to aggregate premiums. (s) Coverage for pre-existing conditions. (t) Medicare select policies. (u) Additional rules relating to individuals enrolled in MSA plans and in private fee-for-service plans.
1395qq.	Indian health service facilities. <ul style="list-style-type: none"> (a) Eligibility for payments; conditions and requirements. (b) Eligibility based on submission of plan to achieve compliance with conditions and requirements; twelve-month period. (c) Payments into special fund for improvements to achieve compliance with conditions and requirements; certification of compliance by Secretary. (d) Report by Secretary; status of facilities in complying with conditions and requirements. (e) Services provided by Indian Health Service, Indian tribe, or tribal organization. (f) Cross reference. 		
1395rr.	End stage renal disease program. <ul style="list-style-type: none"> (a) Type, duration, and scope of benefits. (b) Payments with respect to services; dialysis; regulations; physicians' services; target reimbursement rates; home dialysis supplies and equipment; self-care home dialysis support services; self-care dialysis units; hepatitis B vaccine. (c) Renal disease network areas; coordinating councils, executive committees, and medical review boards; national end stage renal disease medical information system; functions of network organizations. (d) Donors of kidney for transplant surgery. (e) Reimbursement of providers, facilities, and nonprofit entities for costs of artificial kidney and automated dialysis peritoneal machines for home dialysis. (f) Experiments, studies, and pilot projects. (g) Conditional approval of dialysis facilities; restriction-of-payments notice to public and facility; notice and hearing; judicial review. 	1395tt.	Hospital providers of extended care services. <ul style="list-style-type: none"> (a) Hospital facility agreements; reasonable costs of services. (b) Eligible facilities. (c) Terms and conditions of facility agreements. (d) Post-hospital extended care services. (e) Reimbursement for routine hospital services. (f) Conditions applicable to skilled nursing facilities. (g) Agreements on demonstration basis.
1395ss.	Certification of medicare supplemental health insurance policies. <ul style="list-style-type: none"> (a) Submission of policy by insurer. (b) Standards and requirements; periodic review by Secretary. (c) Requisite findings. (d) Criminal penalties; civil penalties for certain violations. (e) Dissemination of information. 	1395uu.	Payments to promote closing or conversion of underutilized hospital facilities. <ul style="list-style-type: none"> (a) Transitional allowances; procedures applicable. (b) Allowable costs as transitional allowances; findings and determinations. (c) Factors determinative of transitional allowance.

Sec.		Sec.	
	(d) Hearing to review determination.		(b) Duty of Secretary.
1395vv.	Withholding payments from certain medicaid providers.		(c) Surveys of home health agencies.
	(a) Adjustments by Secretary.		(d) Assessment process; reports to Congress.
	(b) Implementing regulations; notice, opportunity to be heard, etc.		(e) Enforcement.
	(c) Payment to States of amounts recovered.		(f) Intermediate sanctions.
1395ww.	Payments to hospitals for inpatient hospital services.		(g) Payment on basis of location of service.
	(a) Determination of costs for inpatient hospital services; limitations; exemptions; "operating costs of inpatient hospital services" defined.	1395ccc.	Offset of payments to individuals to collect past-due obligations arising from breach of scholarship and loan contract.
	(b) Computation of payment; definitions; exemptions; adjustments.		(a) In general.
	(c) Payment in accordance with State hospital reimbursement control system; amount of payment; discontinuance of payments.		(b) Past-due obligation.
	(d) Inpatient hospital service payments on basis of prospective rates; Medicare Geographical Classification Review Board.	1395ddd.	(c) Collection under this section shall not be exclusive.
	(e) Proportional adjustments in applicable percentage increases.		(d) Collection from providers and health maintenance organizations.
	(f) Reporting of costs of hospitals receiving payments on basis of prospective rates.		(e) Transfer from trust funds.
	(g) Prospective payment for capital-related costs; return on equity capital for hospitals.		Medicare Integrity Program.
	(h) Payments for direct graduate medical education costs.		(a) Establishment of Program.
	(i) Avoiding duplicative payments to hospitals participating in rural demonstration programs.		(b) Activities described.
	(j) Prospective payment for inpatient rehabilitation services.		(c) Eligibility of entities.
	(k) Payment to nonhospital providers.		(d) Process for entering into contracts.
	(l) Payment for nursing and allied health education for managed care enrollees.	1395eee.	(e) Limitation on contractor liability.
1395xx.	Payment of provider-based physicians and payment under certain percentage arrangements.		Payments to, and coverage of benefits under, programs of all-inclusive care for elderly (PACE).
	(a) Criteria; amount of payments.		(a) Receipt of benefits through enrollment in PACE program; definitions for PACE program related terms.
	(b) Prohibition of recognition of payments under certain percentage agreements.		(b) Scope of benefits; beneficiary safeguards.
1395yy.	Payment to skilled nursing facilities for routine service costs.		(c) Eligibility determinations.
	(a) Per diem limitations.		(d) Payments to PACE providers on capitated basis.
	(b) Excess overhead allocations for hospital-based facilities.		(e) PACE program agreement.
	(c) Adjustments in limitations; publication of data.		(f) Regulations.
	(d) Access to skilled nursing facilities.		(g) Waivers of requirements.
	(e) Prospective payment.		(h) Demonstration project for for-profit entities.
1395zz, 1395aaa.	Repealed or Transferred.	1395fff.	(i) Miscellaneous provisions.
1395bbb.	Conditions of participation for home health agencies; home health quality.		Prospective payment for home health services.
	(a) Conditions of participation; protection of individual rights; notification of State entities; use of home health aides; medical equipment; individual's plan of care; compliance with Federal, State, and local laws and regulations.		(a) In general.
			(b) System of prospective payment for home health services.
			(c) Requirements for payment information.
			(d) Limitation on review.
			(e) Construction related to home health services.
		1395ggg.	Medicare subvention demonstration project for military retirees.
			(a) Definitions.
			(b) Demonstration project.
			(c) Crediting of payments.
			(d) Waiver of certain medicare requirements.
			(e) Inspector General.
			(f) Voluntary participation.
			(g) TRICARE health care plans.
			(h) Additional plans.
			(i) Payments based on regular medicare payment rates.
			(j) Maintenance of effort.
			(k) Evaluation and reports.
		SUBCHAPTER XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS	
1396.			Appropriations.

- | | | | |
|------------------------|---|-------------|--|
| <p>Sec.
1396a.</p> | <p>State plans for medical assistance.</p> <ul style="list-style-type: none"> (a) Contents. (b) Approval by Secretary. (c) Lower payment levels or applying for benefits as condition of applying for, or receiving, medical assistance. (d) Performance of medical or utilization review functions. (e) Continued eligibility of families determined ineligible because of income and resources or hours of work limitations of plan; individuals enrolled with health maintenance organizations; persons deemed recipients of supplemental security income or State supplemental payments; entitlement for certain newborns; postpartum eligibility for pregnant women. (f) Effective date of State plan as determinative of duty of State to provide medical assistance to aged, blind, or disabled individuals. (g) Reduction of aid or assistance to providers of services attempting to collect from beneficiary in violation of third-party provisions. (h) Payments for hospitals serving disproportionate number of low-income patients and for home and community care. (i) Termination of certification for participation of and suspension of State payments to intermediate care facilities for the mentally retarded. (j) Waiver or modification of subchapter requirements with respect to medical assistance program in American Samoa. (k) Repealed. (l) Description of group. (m) Description of individuals. (n) Payment amounts. (o) Certain benefits disregarded for purposes of determining post-eligibility contributions. (p) Exclusion power of State; exclusion as prerequisite for medical assistance payments; "exclude" defined. (q) Minimum monthly personal needs allowance deduction; "institutionalized individual or couple" defined. (r) Disregarding payments for certain medical expenses by institutionalized individuals. (s) Adjustment in payment for hospital services furnished to low-income children under age of 6 years. (t) Limitation on payments to States for expenditures attributable to taxes. (u) Qualified COBRA continuation beneficiaries. (v) State agency disability and blindness determinations for medical assistance eligibility. | <p>Sec.</p> | <ul style="list-style-type: none"> (w) Maintenance of written policies and procedures respecting advance directives. (x) Physician identifier system; establishment. (y) Intermediate sanctions for psychiatric hospitals. (z) Optional coverage of TB-related services. (aa) Certain breast or cervical cancer patients. (aa) Payment for services provided by Federally-qualified health centers and rural health clinics. |
| <p>1396b.</p> | <p>Payment to States.</p> <ul style="list-style-type: none"> (a) Computation of amount. (b) Quarterly expenditures beginning after December 31, 1969. (c) Treatment of educationally-related services. (d) Estimates of State entitlement; installments; adjustments to reflect overpayments or underpayments; time for recovery or adjustment; uncollectable or discharged debts; obligated appropriations; disputed claims. (e) Transition costs of closures or conversions permitted. (f) Limitation on Federal participation in medical assistance. (g) Decrease in Federal medical assistance percentage of amounts paid for services furnished under State plan after June 30, 1973. (h) Repealed. (i) Payment for organ transplants; item or service furnished by excluded individual, entity, or physician; other restrictions. (j) Adjustment of amount. (k) Technical assistance to States. (l) Repealed. (m) "Medicaid managed care organization" defined; duties and functions of Secretary; payments to States; reporting requirements; remedies. (n) Repealed. (o) Restrictions on authorized payments to States. (p) Assignment of rights of payment; incentive payments for enforcement and collection. (q) "State medicaid fraud control unit" defined. (r) Mechanized claims processing and information retrieval systems; operational, etc., requirements. (s) Limitations on certain physician referrals. (t) Repealed. (u) Limitation of Federal financial participation in erroneous medical assistance expenditures. (v) Medical assistance to aliens not lawfully admitted for permanent residence. | | |

Sec.		Sec.	
	(w) Prohibition on use of voluntary contributions, and limitation on use of provider-specific taxes to obtain Federal financial participation under Medicaid.	1396g-1.	Required laws relating to medical child support. (a) In general. (b) "Insurer" defined.
1396c.	Operation of State plans.	1396h.	Transferred.
1396d.	Definitions. (a) Medical assistance. (b) Federal medical assistance percentage; State percentage; Indian health care percentage. (c) Nursing facility. (d) Intermediate care facility for mentally retarded. (e) Physicians' services. (f) Nursing facility services. (g) Chiropractors' services. (h) Inpatient psychiatric hospital services for individuals under age 21. (i) Institution for mental diseases. (j) State supplementary payment. (k) Supplemental security income benefits. (l) Rural health clinics. (m) Qualified family member. (n) "Qualified pregnant woman or child" defined. (o) Optional hospice benefits. (p) Qualified medicare beneficiary; medicare cost-sharing. (q) Qualified severely impaired individual. (r) Early and periodic screening, diagnostic, and treatment services. (s) Qualified disabled and working individual. (t) Primary care case management services; primary care case manager; primary care case management contract; and primary care. (u) Conditions for State plans. (v) Employed individual with a medically improved disability. (w) Independent foster care adolescent.	1396i.	Certification and approval of rural health clinics and intermediate care facilities for mentally retarded. Indian health service facilities. (a) Eligibility for reimbursement for medical assistance. (b) Facilities deemed to meet requirements upon submission of acceptable plan for achieving compliance. (c) Agreement to reimburse State agency for providing care and services. (d) Cross reference.
		1396j.	Assignment, enforcement, and collection of rights of payments for medical care; establishment of procedures pursuant to State plan; amounts retained by State.
		1396k.	Hospital providers of nursing facility services.
		1396l.	Withholding of Federal share of payments for certain medicare providers. (a) Adjustment of Federal matching payments. (b) Reductions in payments to and by States. (c) Notice. (d) Regulations. (e) Restoration to trust funds of recovered amounts. (f) Liability of States for withheld payments.
		1396m.	Compliance with State plan and payment provisions. (a) Activities deemed as compliance. (b) Waivers to promote cost-effectiveness and efficiency. (c) Waiver respecting medical assistance requirement in State plan; scope, etc.; "habilitation services" defined; imposition of certain regulatory limits prohibited; computation of expenditures for certain disabled patients; coordinated services; substitution of participants. (d) Home and community-based services for elderly. (e) Waiver for children infected with AIDS or drug dependent at birth. (f) Monitor of implementation of waivers; termination of waiver for noncompliance; time limitation for action on requests for plan approval, amendments, or waivers. (g) Optional targeted case management services. (h) Period of waivers; continuations.
1396e.	Enrollment of individuals under group health plans. (a) Requirements of each State plan; guidelines. (b) Timing of enrollment; failure to enroll. (c) Premiums considered payments for medical assistance; eligibility. (d) Repealed. (e) Definitions.	1396n.	
1396f.	Observance of religious beliefs.		
1396g.	State programs for licensing of administrators of nursing homes. (a) Nature of State program. (b) Licensing by State agency or board representative of concerned professions and institutions. (c) Functions and duties of State agency or board. (d) Waiver of standards other than good character or suitability standards. (e) "Nursing home" and "nursing home administrator" defined.	1396o.	Use of enrollment fees, premiums, deductions, cost sharing, and similar charges. (a) Imposition of certain charges under plan in case of individuals described in section 1396a(a)(10)(A) or (E).

Sec.		Sec.	
	(b) Imposition of certain charges under plan in case of individuals other than those described in section 1396a(a)(10)(A) or (E).		(a) State option.
	(c) Imposition of monthly premium; persons affected; amount; prepayment; failure to pay; use of funds from other programs.		(b) Definitions.
	(d) Premiums for qualified disabled and working individuals described in section 1396d(s).		(c) Administration.
	(e) Prohibition of denial of services on basis of individual's inability to pay certain charges.	1396r-2.	(d) Payment.
	(f) Charges imposed under waiver authority of Secretary.		Information concerning sanctions taken by State licensing authorities against health care practitioners and providers.
	(g) Individuals provided medical assistance under section 1396a(a)(10)(A)(ii)(XV) or (XVI).		(a) Information reporting requirement.
1396p.	Liens, adjustments and recoveries, and transfers of assets.		(b) Form of information.
	(a) Imposition of lien against property of an individual on account of medical assistance rendered to him under a State plan.	1396r-3.	(c) Confidentiality of information provided.
	(b) Adjustment or recovery of medical assistance correctly paid under a State plan.		(d) Appropriate coordination.
	(c) Taking into account certain transfers of assets.		Correction and reduction plans for intermediate care facilities for mentally retarded.
	(d) Treatment of trust amounts.		(a) Written plans to remedy substantial deficiencies; time for submission.
	(e) Definitions.		(b) Conditions for approval of reduction plans.
1396q.	Application of provisions of subchapter II relating to subpoenas.		(c) Contents of reduction plan.
1396r.	Requirements for nursing facilities.		(d) Notice and comment; approval of more than 15 reduction plans in any fiscal year; corrections costing \$2,000,000 or more.
	(a) "Nursing facility" defined.		(e) Termination of provider agreements; disallowance of percentage amounts for purposes of Federal financial participation.
	(b) Requirements relating to provision of services.		(f) Applicability of section limited to plans approved by January 1, 1990.
	(c) Requirements relating to residents' rights.	1396r-4.	Adjustment in payment for inpatient hospital services furnished by disproportionate share hospitals.
	(d) Requirements relating to administration and other matters.		(a) Implementation of requirement.
	(e) State requirements relating to nursing facility requirements.		(b) Hospitals deemed disproportionate share.
	(f) Responsibilities of Secretary relating to nursing facility requirements.		(c) Payment adjustment.
	(g) Survey and certification process.		(d) Requirements to qualify as disproportionate share hospital.
	(h) Enforcement process.		(e) Special rule.
1396r-1.	Presumptive eligibility for pregnant women.		(f) Limitation on Federal financial participation.
	(a) Ambulatory prenatal care.	1396r-5.	(g) Limit on amount of payment to hospital.
	(b) Definitions.		(h) Limitation on certain State DSH expenditures.
	(c) Duties of State agency, qualified providers, and presumptively eligible pregnant women.		(i) Requirement for direct payment.
	(d) Ambulatory prenatal care as medical assistance.		Treatment of income and resources for certain institutionalized spouses.
1396r-1a.	Presumptive eligibility for children.		(a) Special treatment for institutionalized spouses.
	(a) In general.		(b) Rules for treatment of income.
	(b) Definitions; regulations.		(c) Rules for treatment of resources.
	(c) Application for medical assistance; procedure upon determination of presumptive eligibility.	1396r-6.	(d) Protecting income for community spouse.
	(d) Treatment of medical assistance.		(e) Notice and fair hearing.
§ 1396r-1b.	Presumptive eligibility for certain breast or cervical cancer patients.		(f) Permitting transfer of resources to community spouse.
			(g) Indexing dollar amounts.
			(h) Definitions.
			Extension of eligibility for medical assistance.
			(a) Initial 6-month extension.
			(b) Additional 6-month extension.
			(c) Applicability in States and territories.
			(d) General disqualification for fraud.

Sec.		Sec.	
	(e) "Caretaker relative" defined.		(i) Treatment of funds.
	(f) Sunset.		(j) Limitation on amounts of expenditures as medical assistance.
1396r-7.	Repealed.		
1396r-8.	Payment for covered outpatient drugs.	1396u-1.	Assuring coverage for certain low-income families.
	(a) Requirement for rebate agreement.		(a) References to subchapter IV—A are references to pre-welfare-reform provisions.
	(b) Terms of rebate agreement.		(b) Application of pre-welfare-reform eligibility criteria.
	(c) Determination of amount of rebate.		(c) Treatment for purposes of transitional coverage provisions.
	(d) Limitations on coverage of drugs.		(d) Waivers.
	(e) Treatment of pharmacy reimbursement limits.		(e) State option to use 1 application form.
	(f) Repealed and redesignated.		(f) Additional rules of construction.
	(g) Drug use review.		(g) Relation to other provisions.
	(h) Electronic claims management.		(h) Transitional increased Federal matching rate for increased administrative costs.
	(i) Omitted.		(i) Welfare reform effective date.
	(j) Exemption of organized health care settings.		(j) Provisions relating to managed care.
	(k) Definitions.		(a) State option to use managed care.
1396s.	Program for distribution of pediatric vaccines.	1396u-2.	(b) Beneficiary protections.
	(a) Establishment of program.		(c) Quality assurance standards.
	(b) Vaccine-eligible children.		(d) Protections against fraud and abuse.
	(c) Program-registered providers.		(e) Sanctions for noncompliance.
	(d) Negotiation of contracts with manufacturers.		(f) Timeliness of payment.
	(e) Use of pediatric vaccines list.		(g) Identification of patients for purposes of making DSH payments.
	(f) Requirement of State maintenance of immunization laws.		
	(g) Termination.	1396u-3.	State coverage of medicare cost-sharing for additional low-income medicare beneficiaries.
	(h) Definitions.		(a) In general.
1396t.	Home and community care for functionally disabled elderly individuals.		(b) Selection of qualifying individuals.
	(a) "Home and community care" defined.		(c) Allocation.
	(b) "Functionally disabled elderly individual" defined.		(d) Applicable FMAP.
	(c) Determinations of functional disability.		(e) Limitation on entitlement.
	(d) Individual community care plan (ICCP).		(f) Coverage of costs through part B of medicare program.
	(e) Ceiling on payment amounts and maintenance of effort.	1396u-4.	Program of all-inclusive care for elderly (PACE).
	(f) Minimum requirements for home and community care.		(a) State option.
	(g) Minimum requirements for small community care settings.		(b) Scope of benefits; beneficiary safeguards.
	(h) Minimum requirements for large community care settings.		(c) Eligibility determinations.
	(i) Survey and certification process.		(d) Payments to PACE providers on a capitated basis.
	(j) Enforcement process for providers of community care.		(e) PACE program agreement.
	(k) Secretarial responsibilities.		(f) Regulations.
	(l) Waiver of statewideness.		(g) Waivers of requirements.
	(m) Limitation on amount of expenditures as medical assistance.		(h) Demonstration project for for-profit entities.
			(i) Post-eligibility treatment of income.
			(j) Miscellaneous provisions.
1396u.	Community supported living arrangements services.	1396v.	References to laws directly affecting medicaid program.
	(a) Community supported living arrangements services.		(a) Authority or requirements to cover additional individuals.
	(b) "Developmentally disabled individual" defined.		(b) Additional State plan requirements.
	(c) Criteria for selection of participating States.		
	(d) Quality assurance.		
	(e) Maintenance of effort.	1397.	Purposes; authorization of appropriations.
	(f) Excluded services.	1397a.	Payments to States.
	(g) Waiver of requirements.		(a) Amount; covered services.
	(h) Minimum protections.		

SUBCHAPTER XX—BLOCK GRANTS TO STATES FOR SOCIAL SERVICES

Sec.		Sec.	
	(b) Funding requirements.		(g) Rule for redistribution and extended availability of fiscal years 1998 and 1999 allotments.
	(c) Expenditure of funds.		
	(d) Transfers of funds.		
	(e) Use of portion of funds.	1397ee.	Payments to States.
	(f) Authority to use vouchers.		(a) In general.
1397b.	Allotments.		(b) Enhanced FMAP.
	(a) Computation of amounts for jurisdictions of Puerto Rico, Guam, etc.		(c) Limitation on certain payments for certain expenditures.
	(b) Computation of amounts for each State other than jurisdictions of Puerto Rico, Guam, etc.		(d) Maintenance of effort.
	(c) Appropriations.		(e) Advance payment; retrospective adjustment.
1397c.	State reporting requirements.		(f) Flexibility in submittal of claims.
1397d.	Limitation on use of grants; waiver.	1397ff.	Process for submission, approval, and amendment of State child health plans.
1397e.	Administrative and fiscal accountability.		(a) Initial plan.
	(a) Reporting requirements; form, contents, etc.		(b) Plan amendments.
	(b) Audits; implementation, etc.		(c) Disapproval of plans and plan amendments.
	(c) State reports on expenditure and use of social services funds.		(d) Program operation.
	(d) Additional accounting requirements.	1397gg.	Strategic objectives and performance goals; plan administration.
1397f.	Additional grants.		(a) Strategic objectives and performance goals.
	(a) Entitlement.		(b) Records, reports, audits, and evaluation.
	(b) Program options.		(c) Program development process.
	(c) Use of grants.		(d) Program budget.
	(d) Remittance of certain amounts.		(e) Application of certain general provisions.
	(e) Reallocation of remaining funds.	1397hh.	Annual reports; evaluations.
	(f) Definitions.		(a) Annual report.
SUBCHAPTER XXI—STATE CHILDREN'S HEALTH INSURANCE PROGRAM			(b) State evaluations.
1397aa.	Purpose; State child health plans.		(c) Federal evaluation.
	(a) Purpose.		(d) Inspector General audit and GAO report.
	(b) State child health plan required.	1397ii.	Miscellaneous provisions.
	(c) State entitlement.		(a) Relation to other laws.
	(d) Effective date.		(b) Adjustment to Current Population Survey to include State-by-State data relating to children without health insurance coverage.
1397bb.	General contents of State child health plan; eligibility; outreach.	1397jj.	Definitions.
	(a) General background and description.		(a) Child health assistance.
	(b) General description of eligibility standards and methodology.		(b) "Targeted low-income child" defined.
	(c) Outreach and coordination.		(c) Additional definitions.
1397cc.	Coverage requirements for children's health insurance.	CHAPTER REFERRED TO IN OTHER SECTIONS	
	(a) Required scope of health insurance coverage.	This chapter is referred to in sections 256b, 299a, 907a, 1437f, 4636, 11606, 12637, 13021 of this title; title 2 section 651; title 5 sections 8403, 8442; title 7 sections 2012, 2015; title 8 section 1324a; title 12 section 1701z-11; title 22 sections 3968, 4071i; title 25 sections 13d, 459e, 609c-1, 640d-21, 1264, 1300d-25, 1407, 1408, 2307, 3304; title 26 sections 86, 162, 401, 412, 415, 1402, 6103; title 29 sections 716, 728, 1082, 2931; title 31 sections 1516, 3701, 3716; title 38 sections 5303A, 8126; title 40 App. section 202; title 43 section 1626; title 45 sections 231, 231a, 231b, 231c, 231d, 231e, 231f, 231q, 231r, 231u; title 50 App. section 1291.	
	(b) Benchmark benefit packages.	SUBCHAPTER I—GRANTS TO STATES FOR OLD-AGE ASSISTANCE	
	(c) Categories of services; determination of actuarial value of coverage.	REPEAL OF SUBCHAPTER I OF THIS CHAPTER; INAPPLICABILITY OF REPEAL TO PUERTO RICO, GUAM, AND VIRGIN ISLANDS	
	(d) Description of existing comprehensive State-based coverage.	<i>Pub. L. 92-603, title III, §303(a), (b), Oct. 30, 1972, 86 Stat. 1484, provided that this subchapter is repealed effective January 1, 1974, except with respect to Puerto Rico, Guam, and the Virgin Islands.</i>	
	(e) Cost-sharing.		
	(f) Application of certain requirements.		
1397dd.	Allotments.		
	(a) Appropriation; total allotment.		
	(b) Allotments to 50 States and District of Columbia.		
	(c) Allotments to territories.		
	(d) Repealed.		
	(e) 3-year availability of amounts allotted.		
	(f) Procedure for redistribution of unused allotments.		